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*International Association of Healthcare  
Central Service Materiel Management*

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Submitted to the Joint General Law Committee  
SB 300 An Act Concerning Person Who Decontaminate Medical Instruments  
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Good afternoon, Senator Doyle, Representative Baram, and distinguished members of the Joint General Law Committee. My name is Josephine Colacci, and I am the Government Affairs Director for the International Association of Healthcare Central Service Materiel Management (IAHCSMM). IAHCSMM represents approximately 22,000 central service technicians in the U.S. and abroad with 145 technicians in Connecticut. According to the Bureau of Labor Statistics, U.S. Department of Labor for 2012, there are 520 central service technicians in Connecticut.

I appear before you this afternoon to speak in support of SB 300, which would require central service technicians to be certified and maintain continuing education credits.

Central service technicians are responsible for ensuring that instrumentation and equipment used in surgical procedures are properly cleaned, disinfected, inspected, assembled, disassembled, and sterilized prior to patient use. Clearly, this is a vital component in the delivery of safe, quality, and patient care.

Members of the committee, a compelling example as to why it is important for the legislature to pass this bill this year can be found in the case of a Westport plastic surgeon. In September 2012, the Hartford Courant reported that this plastic surgeon was fined in 2011 for "serious and repeated lapses" in infection control and instrumentation-sterilization procedures. When DPH revisited this surgeon in the spring of 2012, they found more violations which again included improper sterilization procedures. I trust you can agree that this case demonstrates how there is a clear and present need for measures that ensure the safe sterilization of instruments and equipment in Connecticut.

As is well known, today's surgical instruments are highly complex; they involve many tiny channels and crevices that can hide debris. The processing of robotics, endoscopes, joint replacement, and related instruments and equipment requires an advanced technical knowledge that only proper certification can provide.

Connecticut does not track surgical site infections, which is the closest data that I can point to on the issue of dirty surgical instruments. In fact, no state tracks whether an infection came from a dirty surgical instrument.

Meanwhile, the Center for Disease Control estimates that approximately 1.7 million patients developed healthcare acquired infections (HAIs) in 2002, which resulted in an estimate of 99,000 deaths. This study estimates that 22% or 290,000 of the infections were surgical site infections.



The cost of treating HAIs is estimated to be \$37 to \$45 billion annually. Recently, the University of Michigan analyzed 350 suction tips (used to vacuum up fluids during surgery) for cleanliness and found that 95% of them contained debris after being decontaminated.

Patients receiving surgical services benefit from a more qualified and competent workforce. There is simply no question that the education, training, and assurance of competency of this vital healthcare profession will reduce the incidences of surgical site infections, which in turn results in the reduction of readmissions and surgical complications.

I should point out that New Jersey requires central service technicians to be certified. New York passed similar legislation in 2013 and legislation is pending in Massachusetts and Pennsylvania.

In closing, we would like to see changes to the language of the bill, SB.300, and I have submitted those changes with my written testimony. I will briefly explain those changes as follows:

- Section 1(1)(a)(A)
  - Deleted “prepares, stores, and distributes” because other types of technicians may not be able to wheel a cart carrying sterilized items.
- (1)(a)(B)
  - Deleted student/intern language, these technicians are not students or interns
  - Moved exception for healthcare professionals to (f)
- (1)(b)(1)
  - This language did not include the name of the credentials. These organizations have many different types of certifications and the credentials must be named instead of using generic certification language.
  - The names of the organizations were added.
  - Deleted language “acceptable by Commissioner of Public Health.” DPH does not want to enforce this bill.
- (1)(b)(2)
  - Deleted grandfathering language because it was incorrect. The intent was to grandfather everyone currently working as a technician.
- (1)(c)
  - This language was changed to allow health care facilities to hire uncertified technicians after the effective date as long as they are certified 18 months from the date of hire.
- (1)(d)(1) and (2)
  - This language was deleted because the certifying bodies have rules in place for extensions of time for continuing education credits.
- (1)(f) and (g)
  - Public Health Department enforcement was deleted as mentioned above.

Also, I have the article published in the Hartford Courant, which is referred to in my testimony. I would be pleased to answer any questions. Thank you.